

Date: \_\_\_\_\_

**PUBLIC AGENDA REQUEST FORM**

Date to speak: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Brief description of topic to be discussed:**

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Signature: \_\_\_\_\_

Please return to:

City Clerk  
City of Eastborough  
1 Douglas  
Eastborough, KS 67207

Ph: (316) 682-4111

Fax: (316) 682-4193